2009 NOV -9 PM 2: 25

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FORM 1		ORGANIZATION					Off a Use Oak
1. NAME OF COMMITTEE (in	n full)	(Check if na is changed)		ample:If typin		12FE41	Office Use Only
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is changed))	BOSTON				MA	02114 -
			CITY			STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide on	ly one e-mail a	address)	1	1	
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COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
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2. DATE	1 0.	1 12009					
3. FEC IDENTIFIC	CATION NU	MBER	C 0 0.3	622	נס		
4. IS THIS STATE	MENT	NEW (N)	OR	X AMENI	DED (A)		
I certify that I have e	examined thi	_	-	knowledge a	nd belief it i	is true, corr	ect and complete.
Type or Print Name	of Treasurer	BENDA	MIN	dos	EPHS	300	
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Signature of Treasure	**************************************	4,0	JA.			Date	। १५ ७५ ७०६
NOTE: Submission of		us, or incomplete info	•				to the penalties of 2 U.S.C. §437g.
Office			1.		formation co		FEC FORM 1
Use Only			<u> </u>	Toll Free 800- Local 202-694		1	(Revised 02/2009)